

The Gazette of India

EXTRAORDINARY.

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NEW DELHI, THURSDAY, MARCH 25, 1937.

GOVERNMENT OF INDIA.

DEFENCE DEPARTMENT.

RESOLUTION.

New Delhi, the 25th March 1937.

No. 205.—The Secretary of State for India and the Government of India have agreed that with effect from the introduction of Part III of the Government of India Act, 1935, the following changes will be made in the organisation, distribution, and terms of service of the Military Medical Services in India (excluding Burma). Where necessary rules giving effect to these proposals will be made by the Secretary of State under Part X of the Government of India Act, 1935.

PART I.—ESTABLISHMENTS.

A.—-Military.

- (1) The officer strength of that portion of the Royal Army Medical Corps which is borne on the Indian establishment for employment with British troops in peace will be limited to 268, of whom a number not exceeding 106 will be short service commissioned officers employed on the terms applicable to such officers by agreement with His Majesty's Government.
- (2) The officer strength of the Indian Medical Service for employment with Indian troops in peace will be limited to 364. Of these, a number not exceeding 220 will be British and the remaining 144 will be Indian. Of the Indian officers, a number not exceeding 58 will be short service commissioned officers employed on the terms explained in Part II-A below.
- (3) The future establishments of the Indian Medical Department for employment with British and Indian troops in peace will remain unchanged for the present, but it is under contemplation that a number of selected officers of the

(107)

[Price 1 anna.]

Assistant Surgeons' Branch of the Indian Medical Department, possessing the requisite qualifications shall in course of time undertake the duties of eight Indian and nine European officers of the Indian Medical Service

As an experimental measure, six qualified Assistant Surgeons have already been appointed to Indian Military Hospitals to carry out the duties of Indian Medical Service officers.

B.-Civil.

(1) In order

- (a) to provide a Reserve of British officers to complete the numbers required by the Army on mobilization,
- (b) to supply a nucleus of trained Indian officers for the same purpose,
- (c) to ensure the number of British officers required for attendance on the British members of the Superior Civil Services and their families, and
- (d) to meet the requirements of the civil departments of the Central Government and the Crown Representative (corresponding to the present Home, Education, Health & Lands and Foreign & Political Departments),

there will be a Civil Branch of the Indian Medical Service consisting of not less than 220 officers, of whom 166 will be British and not less than 54 Indian.

- (2) Of these 220 officers, 97 British and 50 Indian will constitute the War Reserve, while the remainder [69 British and 4 (or more) Indian] will not be liable to recall to the Army on mobilization and will continue to be known as Residuaries.
- (3) Of the 166 British officers, 122 will be employed by the Provinces under the powers provided by section 246 of the Government of India Act, 1935, and the remaining 44 will be employed under the Crown Representative and the civil departments of the Central Government.

Of the 122 employed by the Provinces, 77 will belong to the War Reserve and will be available in peace for attendance on the British members of the Superior Civil Services and their families. The remaining 45 Residuaries will be available at all times for attendance on the British members of the Superior Civil Services and their families.

Of the 44 employed under the Crown Representative and the civil departments of the Central Government, 20 will belong to the War Reserve and the remaining 24 will be Residuaries.

- (4) Of the 54 Indian Officers, not less than 38 will be employed by the Provinces under the powers provided by section 246 of the Government of India Act, 1935, and not less than 12 will be employed under the civil departments of the Central Government. The whole of these 50 officers will belong to the War Reserve. In addition there will be a number of Residuary posts open to Indian officers under the Crown Representative and the civil departments of the Central Government; and it will be permissible for the Provinces to employ as many additional Indian officers as they may wish, by agreement with the Central Government, provided only that they will guarantee them sufficient security of tenure to avoid the possibility of an embarrassing surplus being returned to the Army for absorption.
- (5) The appointments available for Indian Medical Service officers under the Crown Representative and the appointments reserved for Indian Medical Service officers under the civil departments of the Central Government are shown in Appendix I.

The appointments reserved for Indian Medical Service officers in the Provinces are shown in Appendix II.

Note.—In this Resolution and in Appendices I and II the term "British officers" means "officers recruited by the Secretary of State for India to fill European vacancies in the Indian Medical Service,"

- (6) The Central Government will pay to each Provincial Government at the beginning of each financial year a lump sum of Rs. 4,800 in respect of each British officer belonging to the War Reserve as shown in Appendix II. This sum is based on the average overseas pay at present drawn by British officers, and will be subject to revision as the new rates of pay and overseas pay take effect (see Part II B—Appendix III).
- (7) The adoption of the new list of reserved posts involves a net reduction in the number of posts on the civil side reserved for the Indian Medical Service from 207 to 172. The existing rights of officers who are already in civil employment and are otherwise suitable for appointment to these posts will, however, be fully preserved and prospects equivalent to those afforded at present will be retained for them. The detailed measures required to safeguard their prospects are now being worked out.
- (8) The Provinces, as at present, will be under no statutory obligation to employ members of the Indian Medical Department.

PART, II.—Conditions of Service.

A.—Recruitment.

- (1) While recruitment for the Indian Medical Service will continue, as at present, to be conducted by nomination on the recommendation of a Selection Board, the normal method of entry for Indian members of the Service will follow the system adopted in the Royal Army Medical Corps. New entrants will be given short service commissions for five years on the rates of pay prescribed for new entrants in Appendix III. Short service officers will be asked to indicate whether on the conclusion of 5 years' service they desire to be appointed to permanent commissions. Appointment to permanent commissions will be made by selection from among those short service officers who wish to be considered. It is intended that about 70 per cent. of those appointed to short service commissions shall receive permanent commissions, but the percentage may vary from time to time. The remainder will be retired with a gratuity of Rs. 4,500 and will be required, if considered suitable, to join the Army in India Reserve of Officers for a period of 15 years.
- (2) The present temporary commissions renewable from year to year up to five years will be abolished; but present holders of temporary commissions will be eligible for selection for the grant of short service commissions, and ultimately of permanent commissions, on the terms described above, that is to say, after a total of five years' service in a non-permanent capacity. Those selected for short service commissions will be allowed to count for the purposes of gratuity—if not ultimately selected for permanent commissions—the service that they have already rendered as temporary commissioned officers.
- (3) For a period of 2 years from 1st April 1937, in order to give sufficient notice of the change, the Secretary of State will reserve the right to appoint suitable Indian candidates permanently to the Service without the preliminary of the short service commission.

B.—Pay, Promotion and Pension.

- (1) The time scale of promotion to Major in the Indian Medical Service will be accelerated by two years and a slight consequential adjustment will be made in the pay scale.
- (2) The scales of basic and overseas pay for new entrants to the Service will be revised so as to bring basic pay more into accord with Indian standards.
- (3) The new rates of pay and the new time scales of promotion (a) for present incumbents and (b) for future entrants, are contained in Appendix III—which also contains, for purposes of comparison, the present rates of pay and time scale of promotion.

- (4) During the last few years there has been a decrease in the number of appointments above the time scale—i.e., Colonels' appointments—on the military side of the Indian Medical Service, while there has been an increase in the number of such appointments in the Royal Army Medical Corps. Further, under the revised conditions of service (see Section C below), officers permanently transferred to civil employment in future will forego any prospect of promotion above the rank of Lieutenant-Colonel and any claim to revert to military employ after a certain number of years' civil employment. To compensate for this a suitable number of enhanced pensions equal to Colonels' pensions will eventually be provided and awarded to officers under rules to be made hereafter [see Section C (11) below]. For the present, in order to redress the balance between the Royal Army Medical Corps and the Indian Medical Service, six additional Colonelcies will be provided on the military side of the Indian Medical Service.
- (5) Future entrants to the Indian Medical Service who are given short service commissions for 5 years on first appointment and are then selected for permanent commissions, will lose the right to retire on a gratuity after 6 years' total service, that is to say, after one year's service with a permanent commission.

C.—Conditions of Service in the Civil Branch.

(1) While liability to serve either on the military or civil side has for many years been a recognized condition of service in the Indian Medical Service, it has been made clear since March 1931 that no new entrant to the Service since that date can establish any claim to be transferred to civil employment. Subject to the maintenance of these general conditions, the terms on which officers of the Indian Medical Service will be transferred to civil employment after 1st Λpril 1937, will be revised to the extent set forth in the following paragraphs.

Note.—"Civil employment" includes employment under a Provincial Government or under the Crown Representative or under a civil department of the Central Government: and "Civil employer" includes a Provincial Government, the Crown Representative or the Central Government.

- (2) No officer holding a short service commission will be eligible for transfer to civil employment: and no officer will be considered for such employment until he has had a suitable period of army service.
- (3) When an Indian Medical Service officer is required for civil employment, either for general purposes or to fill an appointment for which particular qualifications are required, the civil employer will apply to the Director-General, Indian Medical Service, stating his requirements and giving as much notice as possible of the date by which the officer will be required. The Director-General, Indian Medical Service, in consultation with the Director of Medical Services at Army Head-quarters, will maintain a list of Indian Medical Service officers in military employ who can be spared for civil employment. On receipt of an application the Director-General, Indian Medical Service, will forward to the civil employer the names of about three officers in this list, stating which of them he considers the most suitable, and the choice will be left to the civil employer. On the selection for a civil post an officer will be formally appointed to the civil branch of the Indian Medical Service by the Secretary of State.

Note.—The Director-General, Indian Medical Service, will endeavour to come to a working agreement with all civil employers under which the latter will intimate at periodical intervals their probable requirements for the next six months. The Director-General will then keep the Director of Medical Services informed, so that the latter may know as early as possible what demands are likely to be made on him and so be able to inform the Director-General, Indian Medical Service, of the extent to which he will be able to meet them.

(4) It will be open to civil employers—particularly the Provinces—to arrange by mutual agreement between themselves for the transfer of particular officers already in civil employ from one employer to another: but a report of such transfers will in all cases be sent to the Director-General, Indian Medical Service, by both

employers. If an officer objects to transfer a report will be made to the Governor-Genera' before transfer takes place and his decision will be final.

- (5) An officer accepted for civil employment will be considered to be on probation for 2 years, during which time he will be liable to be returned to military employment at the discretion of his employer.
- (6) After the expiry of the probationary period the officer, if continued in civil employment, will retain the right to claim to be reverted to military employment until he has spent 7 years in all in civil employment or has had 17 years' total service, whichever may be later. The officer will not, however, unless he can show good cause, be permitted to revert without the consent of the civil employer.
- (7) Similarly, during the period referred to in paragraph (6) the civil employer will retain the right to revert the officer to military employment, but this right will not be exercised without the consent of the officer, unless the civil employer can show good cause.
- (8) If any dispute arises in the operation of paragraphs (3)—(7) above, the matter will be referred to the Government of India and the final decision will rest with the Governor-General, but except to the extent thus indicated the Government of India will not intervene in the working of the arrangements indicated.
- (9) After the expiry of the period mentioned in paragraph (6) above, if the officer wishes to remain in civil employ and the civil employer agrees to retain him, he will be transferred to a special supernumerary list of the Indian Medical Service; he will no longer possess any right to claim reversion to military employ; and he will cease to be eligible for military promotion above the rank of Lieutenant-Colonel.

Note.—The officer selected from time to time for the office of Director-General, Indian Medical Service, if on the special supernumerary list, will be retransferred to the active list and promoted to the rank of Major-General.

(10) Officers on the special supernumerary list will remain liable to recall to army service on mobilization, unless they are required for Residuary posts. It will also be open to them although they no longer possess any right of reversion to the Army, to apply for such reversion in exceptional circumstances. Such applications will be forwarded to the Government of India through the civil employer and it will rest with the former in consultation with the military authorities whether to accept them or not.

Note.—Officers in civil employment who are recalled to military service on mobilization will be retransferred, if necessary, to the active list and be given appropriate military rank.

(11) A suitable number of special pensions equal to Colonels' pensions will be provided (under rules to be made hereafter) for award to selected officers on the special supernumerary list in order to compensate for the loss of pensionary prospects that would otherwise be involved by ineligibility for promotion above the rank of Lieutenant-Colonel.

PART III.—GENERAL.

- (1) Nothing contained in this Resolution is to be understood as derogating in any way from the statutory rights conferred upon officers of the Indian Medical Service under the provisions of Part X of the Government of India Act, 1935.
- (2) The arrangements now sanctioned will be subject to review in the future in the light of actual conditions but in any such review the rights of serving officers will be fully protected.

APPENDIX I.

I.—Central Government.

The following appointments are reserved:-

- A .- Miscellaneous, including Public Health and Research appointments: -
 - 1. Director-General, Indian Medical Service.
 - 2. Deputy Director-General, Indian Medical Service.
 - 3. Assistant Director-General, Indian Medical Service.
 - 4. Public Health Commissioner with the Government of India.
 - 5. Deputy Public Health Commissioner with the Government of India,
 - 6. Chief Medical Officer, Delhi.
 - 7. Civil Surgeon, Simla/New Delhi.
 - 8. Civil Surgeon, Simla East.
 - 9. Civil Surgeon, Coorg.
 - 10. Senior Medical Officer, Port Blair.
 - 11. Health Officer, Simla.
 - 12. Assistant Director of Public Health, Delhi.
 - 13. Imperial Serologist.
 - 14. Director, Central Research Institute, Kasauli.
- 15-17. Three Assistant Directors, Central Research Institute, Kasauli.
- 18. Director, Pasteur Institute, Kasauli.
- 19. Director, Pasteur Institute, Coonoor.
- 20. Director, Haffkine Institute, Bombay.
- 21. One Supernumerary officer under the Director-General, Indian Medical Service.
- 22-25. Four officers under the Indian Research Fund Association.
- 26. Health Officer, Bombay Sea Port.
- 27. Health Officer, Calcutta Sca Port.
- 28. Health Officer, Karachi Air Port.
- 29. Civil Surgeon, Ajmer.

Leave Reserve: 8 officers. Total = 37 officers.

All the above appointments are open to either British or Indian officers, except the following, which are open to British officers only:—

- 1. Chief Medical Officer, Delhi.
- 2. Civil Surgeon, Simla/New Delhi.
- 3. Civil Surgeon, Simla East.
- 4. Civil Surgeon, Coorg.
- 5. Health Officer, Bombay Sea Port.

The following appointments are Residuary, while the remainder are War Reserve:-

1. Director-General, Indian Medical Service.

- 2. Deputy Director-General, Indian Medical Service.
- 3. Assistant Director-General, Indian Medical Service.
- 4. Public Health Commissioner with the Government of India.
- 5. Chief Medical Officer, Delhi.
- 6. Civil Surgeon, Simla East.
- 7. Director, Central Research Institute, Kasauli.
- 8-9. Two Assistant Directors, Central Research Institute, Kasauli.
- 10. Director, Haffkine Institute, Bombay.
- 11. Health Officer, Bombay Sea Port.
- 12. Health Officer, Karachi Air Port.
- 13. Civil Surgeon, Ajmer.

B.—Department of External Affairs:—

- 1. Chief Medical Officer, Baluchistan.
- 2. Civil Surgeon, Quetta.
- 3. Civil Surgeon, Sibi and Loralai.
- 4-7. One appointment in each of the following places:-

Gilgit, Jandola, Miranshah, Kurram.

8-11. Reserve for employment in posts under His Majesty's Government.

Leave Reserve: 3 officers. Total = 14 officers.

II.—Crown Representative.

- C.—The following appointments in Indian States will be filled by Indian Medical Service officers:—
 - 1. Agency Surgeon, Bundelkhand.
 - 2-7. One appointment in each of the following places:-

Central India, Hyderabad (Deccan), Bangalore, Mewar, Western India States, Kashmir (seasonal).

Leave Reserve: 2 officers. Total = 9 officers.

Of the appointments mentioned under B and C, 15 (with the appropriate leave reserve) are reserved for British officers.

All the appointments mentioned under B and C are Residuary, except the following, which are War Reserve:—

- 1. Civil Surgeon, Sibi and Loralai.
- 2. Agency Surgeon, Bundelkhand.
- 3. Civil Surgeon, Quetta, or Chief Medical Officer, Baluchistan.

SUMMARY.

Central Government and Crown Representative.

		Appoint- ments.	Leave Reserve.	Total Officers.	Residuary.	War Reserve.		
A			29	8	37	13	24 about 12 British and 12 Indians.	
В С	••		11 7	3 2	14 9	9	$\left. egin{array}{c} 5 \\ 3 \end{array} \right\}$ all British.	
	Total	••	47	13	60	28	20 British approxi-	

NOTE (1).—Of the 60 officers, 25 will be British, and the romainder either British or Indian.

Note (2).—In practice the officers required for the Department of External Affairs, the Crown Representative and the North-West Frontier Province (see Appendix II) will be drawn from a single combined

APPENDIX II.

Provincial Governments.

The following appointments are reserved:-

MADRAS.

(a) To which British officers will be appointed:—8 civil surgeoncies, 4 senior and 3 junior specialist posts.

Civil Surgeoncies.—Malabar, Madura, Coimbatore, Bellary, Nilgiris, Tanjore, North Arcot and Guntur.

Senior specialist posts.—One specialist in each of the three subjects, Medicine, Surgery and Obstetrics with Gynacology, to be posted at Madras, and one specialist in one of these subjects or in Ophthalmology to be posted at Vizagapatam.

Junior specialist posts.—Three junior specialists in the subjects of Medicine, Surgery and Obstetrics with Gynæcology, to be posted at Madras or Vizagapatam.

Leave Reserve.—4 officers. Total = 19 officers.

War Reserve.—1 senior specialist, 3 junior specialists, 5 civil surgeons, plus 4 leave reserve = 13.

Residuary.—3 senior specialists, and 3 civil surgeons (Nilgiris, Madura and Coimbatore) = 6.

(b) To which Indian officers will be appointed :-

6 posts, 1 leave reserve = 7.

BOMBAY.

(a) To which British officers will be appointed:—5 civil surgeoncies, 4 senior and 3 junior specialist posts.

Civil Surgeoncies.—Ahmedabad, Poona, Nasik, Dharwar and Sholapur.

Senior specialist posts.—One specialist in each of the subjects, Medicine, Surgery and Obstetrics with Gynæcology, to be attached to one of the major teaching institutions in Bombay, and one mental specialist as Superintendent of the Mental Hospital, Yeravda.

Junior specialist posts.—Three junior specialists in the subjects of Medicine, Surgery and Obstetrics with Gynæcology, to be attached as Resident Medical Officers to one of the bigger hospitals in Bombay.

Leave Reserve.—3 officers. Total = 15 officers.

War Reserve.—1 senior specialist, 3 junior specialists, 3 civil surgeons, plus 3 leave reserve = 10.

Residuary.—3 senior specialists and 2 civil surgeons (Poona and Ahmedabad) = 5.

(b) To which Indian officers will be appointed:— Four posts, 1 leave reserve = 5.

a

SIND.

(a) To which British officers will be appointed:—2 civil surgeoncies.

Karachi and Hyderabad.

Leave Reserve.—One officer. Total = 3 officers.

War Reserve.—1 leave reserve officer = 1.

Residuary.—2 civil surgeons (Karachi and Hyderabad) = ?.

(b) To which Indian officers will be appointed:—

Two posts,

BENGAL

(a) To which British officers will be appointed:—

7 civil surgeoncies, 4 senior and 3 junior specialist posts.

Civil Surgeoncies.—24-Parganas, Dacca, Darjeeling, Chittagong, Midnapore, Hooghly and one unspecified.

Senior specialist posts.— One specialist in each of the subjects of Medicine, Surgery, Obstetrics with Gynæcology, and Ophthalmology, to be employed at the Medical College, Calcutta.

Junior specialist posts. -Three junior specialists in the subjects of Medicine, Surgery and Obstetrics with Gynæcology, to be employed as resident medical officers at the Medical College and Eden Hospitals.

Leave Reserve.—4 officers. Total = 18 officers.

War Reserve.—1 senior specialist, 3 junior specialists, 4 civil surgeons, plus 4 leave reserve = 12.

Residuary.--3 senior specialists, and 3 civil surgeons (Darjeeling, Dacca and Chittagong) = 6.

(b) To which Indian officers will be appointed:—

Five posts, 1 leave reserve = 6.

UNITED PROVINCES.

(a) To which British officers will be appointed:—

11 civil surgeoncies, and 3 senior specialist posts.

Civil Surgeoncies.—Benares, Allahabad, Cawnpore, Agra, Meerut, Naini Tal, Lucknow, Jhansi, Bareilly, Gorakhpur and Dehra Dun.

Senior specialist posts.—One specialist in each of the subjects of Medicine, Surgery and Obstetrics with Gynecology, to be posted to Lucknow.

Leave Reserve.—4 officers. Total = 18 officers.

War Reserve.—2 specialists, 8 civil surgeons, plus 4 leave reserve = 14.

Residuary.—1 specialist and 3 civil surgeons [Lucknow, Agra, Allahabad or Naini Tal (according to season)] = 4.

(b) To which Indian officers will be appointed:-

Three posts, I leave reserve = 4.

Punjab.

(a) To which British officers will be appointed:

7 civil surgeoncies and 3 senior or 2 senior and 1 junior specialist posts.

Civil Surgeoncies.—Lahore, Amritsar, Multan, Shahpur (Sargodha), Jhelum or Murree (according to season), Lyallpur and Dera Ghazi Khan.

Specialist posts.—Three senior or two senior and one junior specialists in each of the subjects of Medicine, Surgery and Obstetrics with Gynæcology, to be employed at the Medical College, Lahore.

Leave Reserve.—3 officers. Total = 13 officers.

War Reserve.—1 specialist, 4 civil surgeons, plus 3 leave reserve = 8.

Residuary.--2 specialists and 3 civil surgeons (Lahore, Amritsar and Lyallpur) = 5.

(b) To which Indian officers will be appointed:--

Three posts, 1 leave reserve = 4.

BIHAR.

(a) To which British officers will be appointed :—

6 civil surgeoncies and 3 senior specialist posts.

Civil Surgeoncies.—Patna, Muzaffarpur, Ranchi, Darbhanga, Bhagalpur and Monghyr.

Specialist posts.—Two senior specialists to be employed at the Medical College, Patna, one in Obstetrics and Gynæcology, and the other in either Medicine, Surgery or Ophthalmology; one mental specialist to be employed as Superintendent, European Mental Hospital, Ranchi.

Leave Reserve.—2 officers. Total = 11 officers.

War Reserve.—1 specialist, 3 civil surgeons, plus 2 leave reserve = 6.

Residuary.—2 specialists and 3 civil surgeons (Ranchi, Darbhanga and Monghyr) = 5.

(b) To which Indian officers will be appointed:—

Two posts, 1 leave reserve = 3.

Orissa.

(a) To which British officers will be appointed:—

2 civil surgeoncies.

Cuttack and Berhampur.

Leave Reserve.—One officer. Total = 3 officers.

War Reserve.—One leave reserve officer = 1.

Residuary. -2 civil surgeons (Cuttack and Berhampur) = 2.

(b) To which Indian officers will be appointed:—
One post.

CENTRAL PROVINCES.

(a) To which British officers will be appointed:-

5 civil surgeoncies and 1 senior specialist post.

Civil Surgeoncies.—Nagpur, Jubbulpore, Chhindwara, Raipur and Amraoti.

Specialist post.—One senior specialist, subject unspecified, to be also Superintendent of the Medical School, Nagpur.

Leave Reserve.—2 officers. Total = 8 officers.

War Reserve.—1 civil surgeon, plus 2 leave reserve = 3.

Residuary.—1 specialist and 4 civil surgeons (Nagpur, Chhindwara, Raipur and Amraoti) = 5.

(b) To which Indian officers will be appointed:

Two posts, 1 leave reserve = 3.

ASSAM.

(a) To which British officers will be appointed:—
7 civil surgeoncies—unspecified.

Leave Reserve.—2 officers. Total = 9 officers.

War Reserve.—4 civil surgeons, plus 2 leave reserve = 6.

Residuary.—3 civil surgeons (Shillong, Dibrugarh and Silchar) = 3.

(b) To which Indian officers will be appointed:— Nil.

NORTH-WEST FRONTIER PROVINCE.

(a) To which British officers will be appointed:—
 2 civil surgeoncies and two other posts.

Civil Surgeoncies.—Peshawar and Hazara.

Note.—The Civil Surgeoncy at Bannu is in abeyance.

Other posts.—Medical Officer, Lady Reading Hospital, Peshawar, and Inspector General of Civil Hospitals.

Leave Reserve.—1 officer. Total = 5 officers.

War Reserve.-3 unspecified.

Residuary.-2 unspecified.

(b) To which Indian officers will be appointed:—

Two posts, 1 leave reserve = 3.

Note (1).—Appointments under Provincial Governments are not specifically reserved for Indian officers; but Provincial Governments will be required to employ them in appointments commensurate with their qualifications and abilities, such as public health appointments, superintendencies of jails, civil surgeoncies, and administrative appointments.

NOTE (2).—The cadres for (a) Bombay and Sind, and (b) Bihar and Orissa will be joint cadres, but the distribution of officers is shown separately for sake of convenience.

Summary for Provinces.

	Appoint- ments.	Leave Reserve.	Total Officers.	Residuaries.	War Reserve.
A.—British	95	27	122	45	77
B.—Indians	30	8	38	.,	38

APPENDIX III.

Statement showing present rates of pay and proposed rates of pay for present and future officers of the Indian Medical Service.

1	Overseas. 2 Per mensem. Rs. 150 150 150 150 150 150 150 15	Basic. 3 Per mensem. Rs. Lieut. 500 . Capt. 650 . , 650 .	Overseas. 4 Por mensem. Rs. 150 150 150	Basic. 5 Per mensem. Rs. Lieut. 450 Capt. 500	Overseas. 6 Per mensem. £ 15
Per mensem. Rs. Lieut. 500 Capt. 650 , 650 , 750 , 750 , 850 , 850 , 850 , 850 , 850 , 850 , 950	Per mensem. Rs. 150 150 150 150 150 150 150 150 150	Per mensem. Rs. Lieut. 500 . Capt. 650 . , 650 .	Por mensom. Rs. 150 150	Per mensem. Rs. Lieut. 450 Capt. 500	Per mensem.
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25,300		25,400	_	22,150	

NOTE.—If promotion to Lieutenant-Colonel in the Royal Army Medical Corps takes place in accordance with anticipations the time-scale in the Indian Medical Service will be altered to correspond, and officers thus promoted to the rank of Lieutenant-Colonel before completion of twenty years' service will receive pay at the rate of Rs. 1,350 per mensem (basic) plus £30 per mensem overseas pay and Rs. 1,200 per mensem (basic) plus £40 per mensem overseas pay, for existing officers and future entrants respectively.

Ordered that a copy of this Resolution be communicated to all Local Governments and Administrations and all Departments of the Government of India.

Ordered also that the Resolution be published in the Gazette of India Extraordinary for general information.

G. R. F. TOTTENHAM, Secretary to the Government of India. Published by Manager of Publications, Delii.
Printed by the Manager, Government of India Press, New Deliii.